

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90041 015 \*\*\*\*61.25

<b>DOCUMENT # N04000011473</b>	
1. Entity Name <b>CENTRAL COMMERCE CENTER ASSOCIATION, INC.</b>	



Principal Place of Business <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>	Mailing Address <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>
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2. Principal Place of Business - No P.O. Box # <b>101 Park Place Blvd.</b> Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b> Country <b>USA</b>	3. Mailing Address <b>101 Park Place Blvd.</b> Suite, Apt. #, etc. <b>St. 2</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b> Country <b>USA</b>
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03122007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-2338425</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>PARSONS, RAY 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>Association Management Group of Central FL</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Park Place Blvd.</b> <b>Suite 2</b> City <b>Kissimmee</b> FL Zip Code <b>34741</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leslie Luskam* DATE *4/2/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, RAY 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Susan Dankel 1121 N. Central Ave. Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PARSONS, DALE 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dr. Mohammad Shaukat 325 W. Oak Street Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, SUSIE 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dr. Jorge Larranaga 1101 N. Central Ave. Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan M. Dankel* DATE *4/3/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR